

**SOMERSET COUNTY
CARES APPLICATION FOR BUSINESS ASSISTANCE**

Application # _____



Please email completed application to: edc@somersetmd.us or
Standard mail: Somerset County EDC 11916 Somerset Avenue Suite 202 Princess Anne, MD 21853

Applicant Name:				
Co-Applicant Name:				
Business Name:				
Business Address:				
City:		Zip Code:		
Home Phone:	Work Phone:	Cell Phone:		
Email Address:				
Business Information for Financial Assistance				
Grant assistance: \$1,000		Total program funding received: \$750,000		
Number of employees:				
Type of business:	Retail	Seafood	Farmer	Restaurant / Hospitality
Use of grant funds:				
Any other COVID related assistance?		If so, from what agency?		
Required Documents / Checklist				
Date of application				
Federal ID number / Business License / Watermen's Number				
Tax returns (2019 or 2018)				
Financial statements				
Employee Roster				
Eligibility				
Less than 25 employees				
No franchises				
Good standing				
Taxes Paid (Personal & Real Property)		District / Account #		
Date business started				
Conditions				
Must of been in business prior to COVID				
Application deadline July 31, 2020. First come first serve basis until funding is depleted				
No duplicate applications				
Signatures				
Applicant: _____		Date: _____		
Office use only				
Application Reviewed (initials) _____		Date: _____		
Approved Signature: _____		Date: _____		
County Authorization: _____		Date: _____		
<small>Approved by Somerset County Commissioners - June 9, 2020</small>				